

2010-11 HFP CONTRACT AMENDMENTS
Summary of Proposed Model Contract Language Changes
HEALTH

EXHIBIT A

SECTION		Page	Type of Change	Change
		Throughout	MRMIB needs a full copy of the plan's amended EOC	<ul style="list-style-type: none"> Deleted "or amended pages"
I. Introduction	C.1. Geographic Areas Covered	1	Attachment I title	<ul style="list-style-type: none"> Renamed the Attachment 1 document from "Geographic Area Grid" to "Plan Coverage Area"
I. Introduction	D. Provider Networks	2	Clarifying	<ul style="list-style-type: none"> Changed header to "Provider Networks" to more adequately reflect the substance of the section.
I. Introduction	D.2. Provider Networks	2	Substantive	<ul style="list-style-type: none"> Clarifies that the plan give at least 60 days notice to of provider network changes and requires plans to submit documentation of its filing with the licensing agency.
I. Introduction	E. Term of Agreement	3	Conforming	<ul style="list-style-type: none"> Changes contract period to reflect the new benefit year ending September 30, 2011.
II. Enrollment	F. Identification Cards, Provider Directory, and Evidence of Coverage (EOC) Booklet or Certificate of Insurance (COI) Booklet	5-6	Clarifying	<ul style="list-style-type: none"> Added Certificate of Insurance (COI) to header to clarify that the section applies to both DMHC and CDI-regulated plans. Changes dates to conform with new benefit year
II. Enrollment	G. Primary Care Physician Assignment	7	Clarifying	<ul style="list-style-type: none"> Clarifies that a subscriber may choose a primary care physician
II. Enrollment	K. Network Information Service	10	Conforming	<ul style="list-style-type: none"> Clarifies that subscribers use information provided by the plan to select providers as well as a plan

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II. Enrollment	L. Traditional and Safety Net Providers	11	Technical	<ul style="list-style-type: none"> • Conforms dates to the new benefit year
III. Customer Service	B. 2. Grievance Procedure (DMHC)	13	Substantive	<ul style="list-style-type: none"> • Defines “grievance” to conform with the definition in the Knox Keene Act
III. Customer Service	B.2. Grievance Procedure (CDI)	13	Substantive	<ul style="list-style-type: none"> • Defines “grievance” to conform with the definition in the Knox Keene Act
III. Customer Service	C.1.c. Cultural and Linguistic Services – Linguistic Services	15	Substantive	<ul style="list-style-type: none"> • Adds new section requiring plans to provide information on language needs of subscribers to network providers.
III. Customer Service	C.1.e. Cultural and Linguistic Services – Linguistic Services	15	Non-substantive	<ul style="list-style-type: none"> • Deletes examples of activities the plan “may” undertake.
III. Customer Service	C.1.f. Cultural and Linguistic Services – Linguistic Services	15	Clarifying, conforming	<ul style="list-style-type: none"> • Strengthens the requirement for delivery of timely language assistance services to conform with Knox Keene requirements
III. Customer Service	C.1.g Cultural and Linguistic Services - Linguistic Services	15-16	Substantive	<ul style="list-style-type: none"> • Requires plans to use qualified interpreters • Deletes examples of activities the plan “may” undertake.
III. Customer Service	C.1.i. Cultural and Linguistic Services - Linguistic Services	16-17	Non-substantive	<ul style="list-style-type: none"> • Deletes examples of activities the plan “may” undertake.
III. Customer Service	C.2.a. Cultural and Linguistic Services – Translation of Written Materials	17	Conforming, substantive	<ul style="list-style-type: none"> • Strengthens the requirement to translate written materials and adds 2 documents to be translated in accordance with Knox Keene Language Assistance Programs.
III. Customer Service	C.2.b. Cultural and Linguistic Services – Translation of Written Materials	18	Non-substantive	<ul style="list-style-type: none"> • Deletes examples of activities the plan “may” undertake.

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III. Customer Service	C.2.c. Cultural and Linguistic Services – Translation of Written Materials	18	Non-substantive	<ul style="list-style-type: none"> Deletes examples of activities the plan “may” undertake.
III. Customer Service	C.2.d. Cultural and Linguistic Services – Translation of Written Materials	19	Technical, non-substantive	<ul style="list-style-type: none"> Conforms the date with new benefit year
III. Customer Service	C.3 Cultural and Linguistic Services – Cultural and Linguistic Group Needs Assessment	19-20	Substantive	<ul style="list-style-type: none"> Deletes current GNA language. A new GNA section is added as V.G.
III. Customer Service	C.3.a. Cultural and Linguistic Services – Cultural and Linguistic Competency	20	Non-substantive	<ul style="list-style-type: none"> Adds “interpreters” to the list of sources for feedback on cultural competency
III. Customer Service	C.3.b. Cultural and Linguistic Services – Cultural and Linguistic Competency	20	Non-substantive	<ul style="list-style-type: none"> Deletes examples of activities the plan “may” undertake.
III. Customer Service	C.3.b. Cultural and Linguistic Services – Cultural and Linguistic Competency	20	Clarifying	<ul style="list-style-type: none"> Conforms dates to new benefit year and clarifies which benefit years are to be reported
III. Customer Service	C.3.b. i-iii Cultural and Linguistic Services – Cultural and Linguistic Competency	21-22	Substantive	<ul style="list-style-type: none"> Strengthens reporting requirements
IV. Covered Services and Benefits	B.3. California Children’s Services (CCS)	23	Substantive	<ul style="list-style-type: none"> States Contractor shall provide policies and procedures to State
IV. Covered Services and Benefits	B.4. California Children’s Services (CCS)	23	Substantive	<ul style="list-style-type: none"> Requires plans to report not just the number, but the actual children who

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				received CCS services and information about referrals
IV. Covered Services and Benefits	B.5. California Children's Services (CCS)	23	Substantive	<ul style="list-style-type: none"> Strengthens the requirement that the plan develop a MOU with a county CCS program
IV. Covered Services and Benefits	B.7 California Children's Services (CCS)	24	Substantive	<ul style="list-style-type: none"> Clarifies that the plan is responsible for providing medically necessary services to children referred to CCS until the CCS program establishes eligibility Deletes a reference to retroactive payment by CCS
IV. Covered Services and Benefits	C. Mental Health and Substance Abuse Services	24	Substantive	<ul style="list-style-type: none"> Changes header to reflect that this section includes substance abuse services.
IV. Covered Services and Benefits	D.1. Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	25	Non-substantive	<ul style="list-style-type: none"> Moves this section to D.7
IV. Covered Services and Benefits	D.1. Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	25	Substantive	<ul style="list-style-type: none"> Strengthens the requirement that a plan enter into a MOU with a county mental health department. Consolidates all references to the MOU into a single section.
IV. Covered Services and Benefits	D.2 Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	26	Non-substantive	<ul style="list-style-type: none"> Deleted text is now located in Section D.1.b.
IV. Covered Services and Benefits	D.3 Mental Health: Services for Subscriber Children with Serious	26	Substantive	<ul style="list-style-type: none"> Clarifies that the policies and procedures will be developed pursuant to the MOU and that they

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	Emotional Disturbance or Serious Mental Disorder			will address early screening, identification and referral
IV. Covered Services and Benefits	D.3.a Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	26	Non-substantive	<ul style="list-style-type: none"> Deleted text is now located in Section D.1.c.
IV. Covered Services and Benefits	D.3.b Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	26	Substantive	<ul style="list-style-type: none"> Strengthens the requirement that procedures ensure that screening tools are used.
IV. Covered Services and Benefits	D.3.c Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	26	Clarifying	<ul style="list-style-type: none"> Changes “baseline” to “pertinent” information to be shared.
IV. Covered Services and Benefits	D.3.f Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	27	Substantive	<ul style="list-style-type: none"> Clarifies that a subcontractor’s employee could be designated as mental health liaison. Specifies the liaison’s primary function. Changes the periodicity of reporting changes to the liaison from annual to quarterly.
IV. Covered Services and Benefits	D.4 Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	27	Clarifying	<ul style="list-style-type: none"> Clarifies that plans report the number of children referred to county mental health departments for an evaluation for SED Changes the report due date to conform with new benefit year.
IV. Covered Services and Benefits	D.5 Mental Health: Services for Subscriber	27	Substantive	<ul style="list-style-type: none"> Clarifies that the plan is responsible for providing medically necessary

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	Children with Serious Emotional Disturbance or Serious Mental Disorder			services to treat the SED for children referred to county mental health departments until the county establishes eligibility <u>and</u> the county provides services to treat the SED
IV. Covered Services and Benefits	D.6 Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	28	Substantive	<ul style="list-style-type: none"> Clarifies the plan's responsibility for providing covered services for conditions other than SED once the county has established eligibility and is providing treatment for the SED
IV. Covered Services and Benefits	D.8 Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	28	Non-substantive	<ul style="list-style-type: none"> Deleted text is now located at D.1.d.
IV. Covered Services and Benefits	D.7 Mental Health: Services for Subscriber Children with Serious Emotional Disturbance or Serious Mental Disorder	28	Non-substantive	<ul style="list-style-type: none"> This text formerly was located at D.1.
IV. Covered Services and Benefits	H. Copayments	29-30	Conforming	<ul style="list-style-type: none"> Conforms dates to the new benefit year.
IV. Covered Services and Benefits	H. 3. Copayments	29-30	Clarifying	<ul style="list-style-type: none"> Clarifies that the copayments should reflect covered services.
V. Clinical Quality Measures and Management Practices	A. 1. Measuring Clinical Quality	31	Substantive	<ul style="list-style-type: none"> Requires a plan to report performance measures for each geographic region in which the plan provides coverage.
V. Clinical Quality Measures and Management Practices	B.1. Measuring Consumer Satisfaction	32	Clarifying	<ul style="list-style-type: none"> Clarifies that the consumer satisfaction survey will be conducted "no more often than annually", rather than annually
V. Clinical Quality	C.2. Health Care	33	Clarifying	<ul style="list-style-type: none"> Strengthens the language regarding

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Measures and Management Practices	Services			notification of the schedule of preventive visits.
V. Clinical Quality Measures and Management Practices	C.2. Health Care Services	33	Non-substantive	<ul style="list-style-type: none"> Deletes unnecessary reference to Body Mass Index. Conforms dates to new benefit year.
V. Clinical Quality Measures and Management Practices	D. Performance Standards	34-35	Substantive	<ul style="list-style-type: none"> Adds a new section establishing performance standards for plans and lays out the state's expectation for quality improvement.
V. Clinical Quality Measures and Management Practices	E. Encounter and Claims Data	35-36	Substantive	<ul style="list-style-type: none"> Adds a new section requiring plans to report encounter and claims data and sets up the process for doing so.
V. Clinical Quality Measures and Management Practices	F. 1 Quality Management Processes	36	Substantive	<ul style="list-style-type: none"> Strengthens the requirement that the plan have a system of accountability for quality improvement
V. Clinical Quality Measures and Management Practices	F. 3 Quality Management Processes	37	Non-substantive	<ul style="list-style-type: none"> This section on state tracking of plan performance was moved to new section V. D.7.
V. Clinical Quality Measures and Management Practices	F. 4 Quality Management Processes	37	Non-substantive	<ul style="list-style-type: none"> This section on Pay for Performance was moved to new section V.H.
V. Clinical Quality Measures and Management Practices	G. Group Needs Assessment	37	Substantive	<ul style="list-style-type: none"> The section on GNA was deleted from III.C. Cultural and Linguistic Services and moved to the quality section as new section V.G. Requires the plan to submit a GNA report by 9/30/11 that includes a plan

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				<p>to address any disparities identified through the GNA.</p> <ul style="list-style-type: none"> • States that MRMIB will coordinate with Medi-Cal on the GNA requirements.
V. Clinical Quality Measures and Management Practices	H. Pay-for-Performance System	38	Non-substantive	<ul style="list-style-type: none"> • The text in this section formerly was located in section V.F.4.
V. Clinical Quality Measures and Management Practices	E. Ongoing Efforts to Improve Quality Measures and Accountability	38	Non-substantive	<ul style="list-style-type: none"> • Removes language referring to the Advisory Committee on Quality. The ACQ will end its work in January 2010.